

**REGULATION OF THE AGING AND DISABILITY SERVICES  
DIVISION OF THE DEPARTMENT OF  
HEALTH AND HUMAN SERVICES**

EXPLANATION – Matter in *italics* is new; matter in brackets ~~[omitted material]~~ is material to be omitted.

AUTHORITY: §§1-15, NRS 656A.082 and 656A.084.

NAC 656A is hereby amended to read as follows:

**NAC 656A.320 Period for renewal of registration; expiration; revocation; restoration of registration after revocation. (NRS 656A.082, 656A.084, 656A.090)**

1. Registration with the Division as an interpreter or Communication Access Realtime Translation provider must be renewed:

(a) If the person is certified as an interpreter or Communication Access Realtime Translation provider, every 5 years on a form prescribed by the Division.

(b) If the person is not certified as an interpreter or Communication Access Realtime Translation provider, every 3 years on a form prescribed by the Division.

2. If a person fails to renew his or her registration pursuant to subsection 1 not later than 90 days after the end of the period prescribed in subsection 1, the registration expires.

3. An interpreter and Communication Access Realtime Translation provider shall inform the Division of any changes in contact information or in his or her assessment or certification status. The Division may revoke the registration of an interpreter or Communication Access Realtime Translation provider whose certification is revoked by his or her certifying body.

4. An interpreter or Communication Access Realtime Translation provider may, within 2 years after revocation of his or her registration pursuant to this section, request that the Division restore the registration.

*5. All School Districts in the State of Nevada shall report, in a form prescribed by the Division, the following information for all sign language interpreters or CART providers serving students in their district:*

- a. the name of each such employee;*
- b. the modality in which they work;*
- c. the school grade levels in which they work; and,*
- d. the name, phone number and email address of their direct supervisor.*

*Such report will be made by October 31<sup>st</sup> of each year. If a new sign language interpreter or CART provider begins serving students before the next annual report is due, the information for that individual shall be reported to the Division within 30 days of their first date of service.*

**NAC 656A.610 Complaints: Filing; duties of Division; assignment to investigative committee; evaluation and recommendations of investigative committee; determination by Division after investigation; report of violation to Attorney General. (NRS 656A.086, 656A.090, 656A.520)**

1. If the Division or a recipient of services from an interpreter or Communication Access Realtime Translation provider, who is party to and aware of any act or circumstance that constitutes grounds for disciplinary action against an interpreter or Communication Access Realtime Translation provider, desires to pursue disciplinary action against that interpreter or Communication Access Realtime Translation provider, the person must file a complaint with the Division specifying the charge against the interpreter or Communication Access Realtime Translation provider. A complaint may not be accepted from a recipient of interpreting or Communication Access Realtime Translation services who knowingly and willingly used an unregistered interpreter or Communication Access Realtime Translation provider.

2. Unless the Division determines that a complaint is without merit, the Division will:

(a) Direct the complaint to the complainant's certifying body;

(b) Assign an investigative committee to determine whether a charge against an interpreter or Communication Access Realtime Translation provider justifies disciplinary action. The investigative committee will be composed of ~~[not less than three members of the Communication Access Council or its designees, at least one of whom is an interpreter or Communication Access Realtime Translation provider]~~ *one Division Program Specialist, one Deaf or Hard of Hearing community member, and one registered service provider. All members will sign confidentiality statements and must not have a conflict of interest in the outcome of the investigation;*

(c) Utilize the services of a mediator certified by the Registry of Interpreters for the Deaf to resolve complaints between parties; or

(d) Intervene on behalf of the complainant and the interpreter or Communication Access Realtime Translation provider, as appropriate, if they agree to the intervention.

3. Before assigning the complaint to an investigative committee, the Division must provide the interpreter or Communication Access Realtime Translation provider, as applicable, with a copy of the complaint. If the Division determines that a complaint is without merit, the Division may provide the interpreter or Communication Access Realtime Translation provider with a copy of the complaint, including the name of the person who filed the complaint.

4. Following an investigation, the investigative committee will present its evaluation and recommendations to the Division. The Division will review the findings of the committee to determine whether to take further action against the interpreter or Communication Access Realtime Translation provider.

5. If the Division determines after investigation that an interpreter or Communication Access Realtime Translation provider has violated the provisions of this chapter or [chapter 656A](#) of NRS, and there is no certifying body to report to, the Division will notify the Attorney General of its findings and any disciplinary action taken.

6. A member of the Division who participates in an investigation will not participate in the review conducted or in a subsequent hearing or action which is related to the investigation.

**PROPOSED REGULATIONS OF THE**  
**AGING AND DISABILITY SERVICES DIVISION**  
***INTERMEDIARY SERVICE ORGANIZATION TO PROVIDE***  
***PERSONAL CARE SERVICES IN THE HOME***

EXPLANATION – Matter in *italics* is new; matter in brackets ~~[omitted material]~~ is material to be omitted.

**General Provisions**

**Section 1.** Chapter 427A of NAC is hereby amended by adding thereto the provisions set forth as section 2, inclusive, of these regulations.

**Sec. 2. NAC 427A.815 Form of application; submission of fingerprints.** (NRS 427A.XXX, 427A.XXX)

1. The Division will prescribe the form for an application to apply for a certificate.
2. An applicant for a certificate must submit with his application ~~[-two complete sets of his fingerprints and written permission authorizing the Division to forward the fingerprints to the Central Repository for Nevada Records of Criminal History for submission to the Federal Bureau of Investigation for its report on the criminal history of the applicant.]~~ *evidence that the Intermediary Service Organization has submitted the applicant's fingerprints have been submitted to the Central Repository for Nevada Records of Criminal History or the results of the criminal history report prepared by the Central Repository, as applicable.*

**ADOPTED REGULATION OF THE  
AGING AND DISABILITY SERVICES DIVISION OF THE  
DEPARTMENT OF HEALTH AND HUMAN SERVICES**

Effective July 1, 2012

EXPLANATION – Matter in *italics* is new; matter in brackets ~~[omitted material]~~ is material to be omitted.

A REGULATION relating to persons with disabilities; revising provisions relating to the program to provide financial assistance to persons with physical disabilities for certain essential personal care; and providing other matters properly relating thereto.

**Section 1.** Chapter 427A of NAC is hereby amended by adding thereto the provisions set forth as sections 2, 3 and 4 of this regulation.

**Sec. 2.** NAC 427A.735 is hereby amended to read as follows:

**NAC 427A.735 Scope of essential personal care.** (~~NRS 427A.793~~) Essential personal care is limited to assisting a person who is eligible to receive financial assistance pursuant to NAC 427A.675 to 427A.770, inclusive:

1. In the elimination of wastes from the body;
2. In dressing and undressing;
3. In bathing and grooming;
4. In the preparation and eating of meals;
5. In getting in and out of bed;
6. In repositioning while asleep;
7. In the use of prostheses and other medical equipment;
8. In moving about, including, without limitation, assisting a person:
  - (a) In moving from a wheelchair, bed or other piece of furniture;
  - (b) With ambulation; and
  - (c) With exercises to increase the range of motion;
9. In essential laundry;
10. *Light housekeeping*;
- ~~10.]~~ 11. With support services for independent living if the person has an injury to the brain and those services do not exceed 14 hours per week; and
- ~~11.]~~ 12. In other minor needs directly related to maintenance of personal hygiene. (Added to NAC by Dep't of Health & Human Services by R005-06, eff. 5-4-2006)—(Substituted in revision for NAC 426.735)

**Sec. 3.** NAC 427A.740 is hereby amended to read as follows:

427A.740 The program manager shall:



1. Reevaluate a recipient's eligibility every 12 months and when his need for essential personal care changes.
2. Coordinate the provision of essential personal care to eligible persons.
3. Provide assessments of recipients. An assessment must: (a) Be conducted by a licensed ~~medical~~ professional who is familiar with essential personal care and the independent living needs of persons with physical disabilities;
- (b) Whenever possible, be conducted at the location where the services are offered; and
- (c) Include the requirements for completing specific tasks, the time required for completion of the tasks and a statement by the recipient concerning his perspective of his needs for care.
4. Provide referrals to independent living and other services as appropriate for the needs of recipients.

**Sec. 4.** NAC 427A.760 is hereby amended to read as follows:

~~427A.760 1. [An applicant for financial assistance or a recipient who disagrees with a decision regarding eligibility may, within 15 working days after he receives notice of the decision, file an appeal with the program manager. The program manager:~~

~~(a) May require the applicant or recipient to submit, in writing, evidence to support the appeal; and~~

~~(b) Shall render his decision in writing within 30 days after he receives the appeal.~~

~~2. The applicant or recipient may appeal the decision of the program manager to the Administrator by filing a notice of appeal within 15 working days after he receives notice of the decision of the program manager. The Administrator:~~

~~(a) Will review the decision in an informal procedure;~~

~~(b) May require the applicant, recipient or program manager to submit, in writing, additional evidence to support the appeal or the decision; and~~

~~(c) Will render his decision in writing within 30 days after he receives the notice of the appeal.~~

~~3. The decision of the Administrator is a final decision for the purposes of judicial review.]~~

- 1. An applicant or a recipient or his designated representative may request an administrative review by:*
  - a) Signing, dating and returning to the office of the Division responsible for the region in which the applicant or recipient resides the letter notifying him of the action to be taken by the Division; or*
  - b) Submitting a written request to the office of the Division responsible for the region in which the applicant or recipient resides.*
- 2. Except as otherwise provided in subsection 4, the request for an administrative review must be received in the regional office of the Division within 15 days after the date of the letter notifying the applicant or recipient or his designated representative of the action to be taken. The date of the letter shall be deemed the first day of the 15-day period.*
- 3. If the 15<sup>th</sup> day falls on a holiday or weekend, the time for submitting a request will be extended to the next working day.*
- 4. The Division will not accept a request for an administrative review received after the time specified in subsection 2 unless the applicant or recipient or his designated representative demonstrates good cause for the failure to comply with the deadline.*
- 5. The Administrator of the Division or a person designated by the Administrator will review any requests to waive the deadline for good cause and shall make a determination within 10 days after the receipt of the request.*

*6. If the Administrator or a person designated by the Administrator determines that the applicant or recipient or his designated representative has demonstrated good cause for the failure to comply with the 15-day deadline, he will schedule an administrative review for the applicant or recipient.*

*7. If the Administrator or a person designated by the Administrator determines that the applicant or recipient or his designated representative has not demonstrated good cause for the failure to comply with the 15-day deadline, he will notify the applicant or recipient or his designated representative that the request for an administrative review is denied.*

*Sec. 5. 427A.XXX Assets of applicant or recipient: Limitation.*

- 1. The assets of an applicant or recipient may not exceed the limit for assets set forth in the institutional guidelines established by the Division of Welfare and Supportive Services of the Department of Health and Human Services subject to limitations or exceptions set forth by the Division, if any.*

## **TBI Regulations**

**NAC 427A.XXX “Administrator” defined.** “Administrator” means the Administrator of the Division.

**NAC 427A.XXX “Applicant” defined.** “Applicant” means a person who requests a determination of eligibility for services.

**NAC 427A.XXX “Contractor” defined.** “Contractor” means any person, governmental agency, private agency or organization with which the Division enters into a contract.

**NAC 427A.XXX “Division” defined.** “Division” means the Aging and Disability Services Division of the Department of Health and Human Services.

**NAC 427A.XXX “Recipient” defined.** “Recipient” means a person who receives services for traumatic brain injury.

### **NAC 427A.XXX Duties of the Division**

1. The Division will:
  - a. Ensure the provision of services pursuant to NRS 427A.850, either directly or through one or more Contractors.
  - b. Conduct an administrative review on an annual basis; and
  - c. Ensure that all relevant issues are considered during the administrative review.
2. The administrative review will evaluate:
  - a. The Contractor’s facility to ensure it is accessible to persons with disabilities;
  - b. Client case files for compliance with prescribed policies and procedures;
  - c. Client satisfaction with the services provided;
  - d. Program impacts on the independence of those receiving services;
  - e. Performance against stated program objectives; and
  - f. Service delivery for compliance with prescribed policies and procedures.

### **NAC 427A.XXX Reporting information related to persons with traumatic brain injury to the Division.**

1. Information submitted to the Health Division pursuant to NRS 450B.238 satisfies the reporting requirements of the program.

### **NAC 427A.XXX Eligibility**

1. In order to be eligible for services, a Recipient must:
  - a. Be a resident of the State;
  - b. Be diagnosed as a person with a traumatic brain injury pursuant to [NRS 427A.800](#);
  - c. Require assistance in one or more of the areas described in [NRS 427A.850](#);
  - d. Exhaust all other resources, including public or private health insurance, available to pay for the services authorized; and,

- e. Meet criteria established by the Division for suitability as a Recipient of services.

#### **NAC 427A.XXX Order of priority for disbursement of financial assistance**

1. Individuals applying for services and deemed eligible will be served in the order they applied for services. If an Applicant is not ready to begin services at the time services are available, services will be offered to the next eligible person, but the Applicant will retain their position on the program waiting list, should they desire to continue pursuing services.

#### **NAC 427A.XXX Contracts for services: (Criteria)**

Any Contractor under contract with the Division for the provision of traumatic brain injury services shall:

1. Establish and maintain accreditation with the Commission on Accreditation of Rehabilitation Facilities (CARF), if the Contractor is to provide rehabilitation services under the program;
2. Employ persons who have a personal or professional knowledge of traumatic brain injury and an understanding of services needed;
3. Determine a Recipient's eligibility;
4. Provide services according to their contract and within the scope of [NRS 427A.850](#); and,
5. Provide referrals to other services as appropriate to the needs of Recipients.

#### **NAC 427A.XXX Monitoring and evaluation of program.**

1. The Division will monitor the management and the financial records of the Contractor and shall evaluate the Contractor's efficiency in administering the provisions of the contract.
2. The Contractor shall submit to the Division:
  - a. Reports as prescribed by the Division summarizing the activities of the services provided to persons with traumatic brain injuries; and,
  - b. Such other reports as the Division requests.

#### **NAC 427A.XXX Appeal of decision of Contractor.**

1. A Recipient who disagrees with a decision of the Contractor may, within 15 working days after he receives notice of the decision, file an appeal with the Contractor. The Contractor:
  - (a) May require the Applicant or Recipient to submit, in writing, evidence to support the appeal; and
  - (b) Shall render his decision in writing within 30 days after he receives the appeal.
2. The Recipient may appeal the decision of the Contractor to the Administrator by filing a notice of appeal within 15 working days after he receives notice of the decision of the Contractor. The Administrator:
  - (a) Will review the decision in an informal procedure;



- (b) May require the Applicant, Recipient or Contractor to submit, in writing, additional evidence to support the appeal or the decision; and
  - (c) Will render his decision in writing within 30 days after he receives the notice of the appeal.
- 3. The decision of the Administrator is a final decision for the purposes of judicial review.

**NAC 427A.XXX Care provided to a Recipient may be terminated if the Recipient:**

- 1. Fails to provide documents needed;
- 2. Willfully defrauds the program;
- 3. Fails to comply with the service requirements set forth by the Division; or,
- 4. Voluntarily withdraws from the program.